

House File 653

S-3371

1 Amend House File 653, as amended, passed, and reprinted by  
2 the House, as follows:

3 1. Page 151, after line 20 by inserting:

4 <DIVISION \_\_\_\_

5 MEDICAID MANAGED CARE — PROGRAM EVALUATION

6 Sec. \_\_\_\_ . MEDICAID MANAGED CARE — PROGRAM EVALUATION.

7 1. a. The department of human services shall utilize the  
8 medical assistance advisory council to receive input from the  
9 membership of the council, the university of Iowa public policy  
10 center, and representatives of other entities and consumers  
11 with interest or expertise relevant to the Medicaid program, to  
12 review Medicaid managed care and, at a minimum, accomplish all  
13 of the following:

14 (1) Evaluate the effects on the Medicaid long-term services  
15 and supports population in receiving Medicaid services through  
16 capitated Medicaid managed care and determine the feasibility  
17 of transitioning the long-term services and supports population  
18 to a fee-for-service or other payment model that best meets  
19 the needs of the population. The objectives of the evaluation  
20 shall include a determination of the best service delivery  
21 system and reimbursement methodology to ensure sufficient  
22 access by members to providers and services, to provide  
23 adequate reimbursement to providers of services and supports,  
24 to improve the health of the population, to improve member  
25 experience of care and ensure positive outcomes, and to reduce  
26 costs through these improvements.

27 (2) In addition to the evaluation of the effects on the  
28 Medicaid long-term services and supports population, evaluate  
29 the effects of capitated Medicaid managed care on the remaining  
30 Medicaid populations and determine the best service delivery  
31 system and reimbursement methodology to ensure sufficient  
32 access of members to providers and services, provide adequate  
33 reimbursement to providers of services and supports, to  
34 encourage the delivery of high quality services, and to ensure  
35 positive outcomes for each population.

1 (3) Review the impact of capitated Medicaid managed care  
2 provider reimbursement methodologies and rates on provider  
3 sustainability and member access, and make recommendations  
4 regarding rate and payment methodologies to ensure provider  
5 sustainability and adequate access to providers.

6 (4) Review and determine measures to institute consistency  
7 and uniformity across processes and procedures utilized by  
8 Medicaid managed care organizations to increase efficiencies  
9 and reduce duplication and delay.

10 (5) Review data needs to determine additional Medicaid  
11 managed care contractor data reporting requirements to ensure  
12 member access to medically necessary services and achievement  
13 of overall positive health outcomes.

14 b. The department shall submit a report, summarizing the  
15 evaluation and including findings and recommendations, to the  
16 governor and the general assembly by December 15, 2017.

17 2. The department of human services shall require the  
18 completion of an initial external quality review of the  
19 Medicaid managed care program by January 1, 2018, and, as  
20 part of the ongoing quality assurance activities of the  
21 Iowa Medicaid program, shall continue to contract with  
22 the university of Iowa public policy center to perform an  
23 evaluation of Medicaid managed care by January 1, 2018.>

24 2. By renumbering as necessary.

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